

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09-744159	FILING DATE					
							APPLICANT(S)						
CLAIMS													
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.								
1		1						51					
2		1		1				52					
3		1						53					
4	3			1				54					
5	3			1				55					
6	3			1				56					
7	3			1				57					
8	3			1				58					
9	3			1				59					
10	3			1				60					
11	3			1				61					
12	3			1				62					
13	3			1				63					
14	3			1				64					
15								65					
16								66					
17								67					
18								68					
19								69					
20								70					
21								71					
22								72					
23								73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.		1		1				TOTAL IND.					
TOTAL DEP.	15		13					TOTAL DEP.					
TOTAL CLAIMS	16	15	14	13				TOTAL CLAIMS	16	15	14	13	